

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005360

FILED
Apr 28, 2005
Secretary of State

Entity Name: SARASOTA MEMORIAL PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Current Principal Place of Business:

1700 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

200 SOUTH ORANGE AVE.
C/O J. HUGH MIDDLEBROOKS
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0480667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZARUS, MARC
1700 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVC () Delete
Name: REHMEYER, RICHARD
Address: 1880 ARLINGTON ST #206
City-St-Zip: SARASOTA, FL 34239

Title: DP () Delete
Name: LAZARUS, MARC
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DS () Delete
Name: SHAMSEY, ROBERT MD
Address: 1700 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DT () Delete
Name: ROLPH, MICHAEL
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DC () Delete
Name: FINLAY, DUNCAN M
Address: 1700 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: TOWSLEY, GREG A MD
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: HICKERSON, GARY
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUNCAN M. FINLAY, M.D.

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date